



# THE RUDDER

*Sailings of the Medical Service Corps*



## From the MSC Director



**G**reeting Medical Service Corps Team! I would like to spend a little time focusing on one of my tenets in this month's Rudder to the Corps – ***Integrity***.

The CNO recently stated that “We have a problem and we need to solve it. Really solve it, not put a Band-Aid on it, not whitewash over it, not look the other way.” He was referencing the recent discovery of on-line sites that denigrate female members of our great Navy and Marine Corps team. This is not who we are as a Naval Officers and will not be tolerated in our Corps.

The SG echoed the CNO’s message with an added “I expect each of you to honor your oaths, honor the trust placed in your hands, and honor the uniform that you wear.”

*“We operate, and will fight,  
as a team and depend on  
each other to win.”*

Admiral John Richardson

Any demeaning activity to or about any human being, ranging from crude jokes to sexual assault, will not be tolerated. There are no bystanders. We must continually pursue high standards and be demanding of those with whom we serve. The CNO articulated in his message, “We operate, and will fight, as a team and depend on each other to win”.

I expect every MSC, no matter your rank, to lead by example. We pride ourselves on our excellence and our integrity. These are the hallmarks of our heritage.

RDML Anne Swap

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# In Memoriam



**LT Florence B. Choe, MSC, USN**

On 27 March 2009, eight years ago, Lieutenant Florence B. Choe, MSC, USN and her shipmate Lieutenant (junior grade) Francis Toner, were out for a Friday afternoon run around the perimeter of Forward Operating Base -Combined Security Transition Command, Shaheen, Mazar-E-Sharif, in Afghanistan, and were shot and killed when an Afghan National Army guard, there to provide base security, opened fire on them.

LT Florence Bacon Choe, is described by family as having Navy running through her blood. Her father was a career sailor, and she was born at the Naval Medical Center in San Diego. Her focus had always been on health care and helping people. She earned a bachelor's degree in biology at the University of California, San Diego and a master's degree in public health and health care administration at San Diego State. She joined the Navy shortly after September 11, 2001, feeling it was her patriotic duty to do more.

As a Navy Medical Service Corps officer, assigned to Naval Medical Center, San Diego, CA, she (along with many other Sailors, Soldiers, Airmen, and Marines) was deployed to Afghanistan to provide health services support to U.S. troops as well as Afghan troops and civilians during Operation Enduring Freedom. Lieutenant Choe left behind her husband, daughter, family, friends and her Navy family. Our "Shipmate" was laid to rest at Fort Rosecrans National Cemetery.

- Education & Training Management
- Radiation Health Specialist
- Financial Management
- Environmental Health
- Physician Assistant
- Medical Technology
- Physical Therapy
- Microbiology
- Podiatry
- Pharmacy
- Physiology
- Medical Logistics
- Operations Analysis
- Patient Administration
- Plans, Operations & Medical Intelligence
- Health Facility Planning and Project Officer



- Health Care Information Systems
- Biochemistry/Toxicology
- Occupational Therapy
- Manpower/Personnel
- Clinical Psychology
- Industrial Hygiene
- Entomology
- Audiology
- Dietetics
- Optometry
- Social Work
- Research Psychology
- Aerospace Physiology
- Health Care Administration
- Aerospace Experimental Psychology

## From the Corps Chief's Office

# The 70<sup>th</sup> Anniversary MSC Birthday Book is here!

As of 1 April, the cost is \$70

For the age of our Corps!

The MSC Birthday Book chronicles the Medical Service Corps' 70 year history and represents every subspecialty with photos and historical information. Don't miss this chance to capture our unique history!

Presale Form is available for ordering and payment details. For any questions or concerns please contact LT Jacqueline Evans at [jacqueline.m.evans10@mail.mil](mailto:jacqueline.m.evans10@mail.mil), 703-681-9392 or LT Tammy D'Alesandro at [tammy.l.dalesandro2@mail.mil](mailto:tammy.l.dalesandro2@mail.mil), 703-681-8924.



Join the Medical Service Corps Facebook Closed Group

Visit <https://www.facebook.com/groups/usnavymsc>

# From the Corps Chief's Office



## LEAPS 2017

Thinking Out Loud

APRIL 20, 2017 | DEFENSE HEALTH AGENCY | FALLS CHURCH, VIRGINIA | 1200 - 1700

The 2017 LEAPS symposium will be presented in person, via VTC and on Facebook Live!

Guest Speakers include:

**Vice Admiral C. Forrest Faison, III**

Surgeon General of the Navy

Chief, Bureau of Medicine and Surgery

**Rear Admiral Anne M. Swap**

Commander, Navy Medicine East

Senior Market Manager, Tidewater Military Health System

Director, Medical Service Corps

**Mr. Ken Niumatalolo**

Head Football Coach,

United States Naval Academy

**LCDR(ret) Michael D. Knoell**

Senior Program Manager,

Accelera Solutions

**Dr. Ray Jorgensen, Ph.D.**

Director and Senior Associate,

Jorgensen Learning Center

**Dr. Michael Malanoski, MD, SES**

Executive Director,

Bureau of Medicine and Surgery

Please plan to join us in person, watch on Facebook Live, or contact LT Mabry at (703) 681-5466 to set up VTC.

Please help us with ensuring widest dissemination among our Corps. Also, VTC participation requirements have been sent to all commands (for details or questions please contact LT Mabry at ekeleida.mabry@mail.mil or (703) 681-5466). You must be a member of the LEAPS Facebook page to participate via Facebook Live, please sign up at <https://www.facebook.com/groups/NavyLEAPS/>). For additional information, please visit the LEAPS website at [www.Navyleaps.com](http://www.Navyleaps.com). You can also follow LEAPS Committee activities and information on Facebook (link noted above), Twitter and milSuite. We look forward to your participation in this enriching event!

Join the Medical Service Corps Facebook Closed Group  
Visit <https://www.facebook.com/groups/usnavymsc>

# From the Corps Chief's Office

## How to Register for milSuite

In order to take advantage of the great capabilities offered by milSuite, you must first register with milSuite. Luckily, this is a simple process, as easy as logging on to a web site with your CAC. In fact, that is the process, which we've laid out in steps - with screenshots - below.

1. Open your browser, and go to [www.milsuite.mil](http://www.milsuite.mil) where you will see the following screen. Click on the **I Agree** button (after you read the page, of course!) to start the registration process.



2. If you haven't already inserted your CAC, you will be prompted to do so. Select the proper certificate from the list, click OK, and then enter your CAC PIN.
3. Since you are trying to log in to milSuite, but don't yet have a milSuite account, the next screen you will see is an error page. Don't worry, this is what you are supposed to see. You can read through the entire page if you want to, but all you really need to do at this point is click on the **Click here to register** link.

**Sorry, but we had trouble verifying your account on milSuite.**

Below are a few common reasons a user may experience trouble logging into milSuite.

**Do you have a milSuite Account?**

If this is your first time accessing milSuite, you will have to register for an account. With milSuite registration you will join a community of DoD professionals working together and collaborating using our community driven tools: milWiki, milBook, milBlog, milTube.

[Click here to register!](#)

If you experience trouble with registration, please be sure to check the [Login and Registration Issues](#) page.

**Was there a problem with your CAC?**

A CAC is required of every user who logs in to milSuite. If you have a CAC and a milSuite account, you may have typed in the wrong pin, or your certificate was not properly recognized. Please open a new browser session and try again.

**Has your session expired?**

If you were successfully logged into milSuite, prompted to put in your CAC pin and received this window, your session may have expired. Please close your window and start a new browser session.

Continued to next page...

# From the Corps Chief's Office

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4. Take a moment to read through the next screen, it will give you an understanding of how the account process works for milSuite. The information you see on this screen comes from DEERS, and in order to change it you need to go through DEERS, either in person or through one of their online resources. If the information here is incorrect, don't worry; we have a way for you to update it once you've registered. (For Army users who used to AKO Single Sign On, it is important to note that milSuite registration and accounts do not use AKO.)

**Instructions for creating a new milSuite account:**

Thank you for wanting to be a part of the expanding milSuite community. milSuite offers secure social media behind the firewall for all United States Department of Defense personnel.\*

This is the data we retrieved using your Common Access Card courtesy of the [Defense Enrollment Eligibility Reporting System \(DEERS\)](#). Please review this data carefully and ensure that it is accurate as we will be using this data to create your new milSuite account.

If you have more than one CAC and would like to register using another profile, please cancel this registration and login again.

If the information provided meets with your approval, click the "Create my Account" button to continue to milSuite. Even if the information provided is not accurate, you may still register for milSuite at this time. Users who experience an issue with their DEERS record values may obtain support using the following options, whichever is most convenient:

- For work phone and work address changes update your information on [milConnect](#)
- Contact the personnel center which services your record using the [Rapids Site Locator](#) (includes Military Personnel Centers)
- [Contact the DMDC Support Office \(DSO\)](#)
- Manage the content on your CAC. The [User Maintenance Portal \(UMP\)](#) application allows users to add the Personnel Category Code (PCC), activate their PIV Authentication, and update the email address/certificates located on their Common Access Card (CAC) from their local desktop. It does not address issues associated with Enterprise Email mailbox accounts or Enterprise Email data discrepancies.

By clicking Create My Account you agree to adhere to the [milSuite Acceptable Use Policy](#).

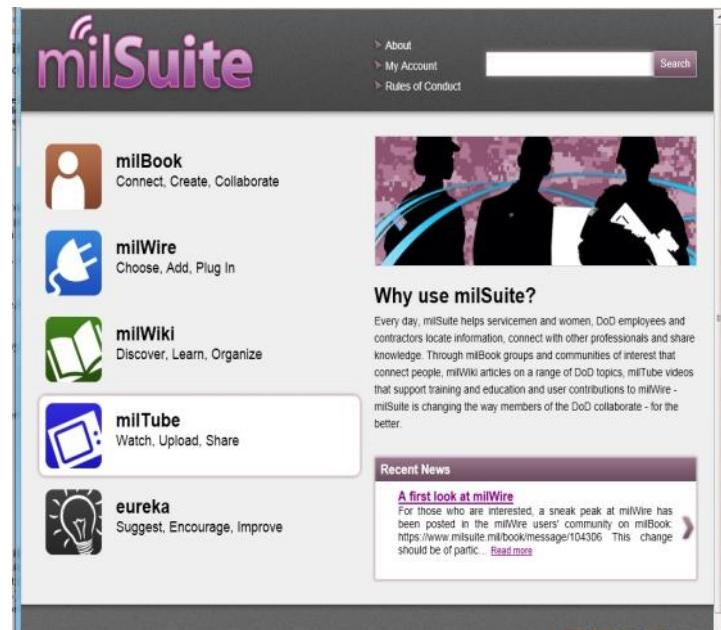
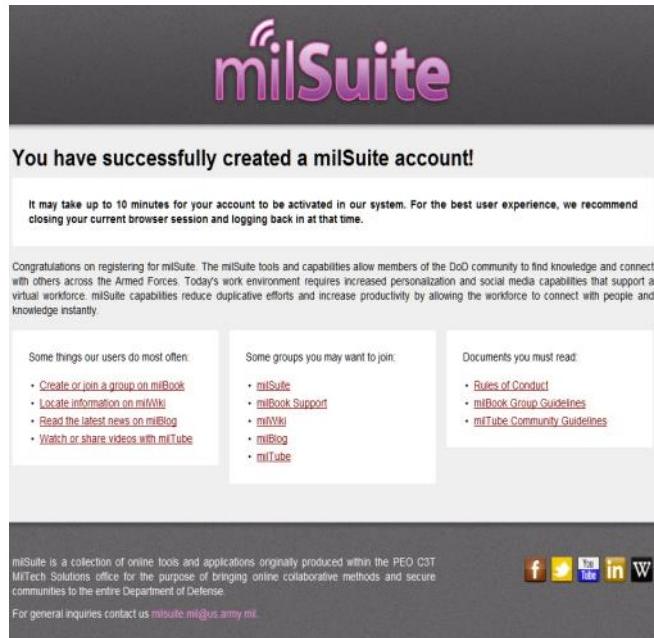
\*Some restrictions may apply based on DEERS personnel categories.

**Create My Account**   **Cancel**

Once you've read through this page and are ready to proceed, just click on the **Create my account** button.

5. Success! At least, that's what we hope happens. If all went according to plan, you should see the following screen.

6. For best results, restart your browser and head back to start connecting and collaborating!



# From the Corps Chief's Office

## Heritage

### History of the Bull and Boot Ensign

*Also Boot or George Ensign*



The Bull Ensign is the senior ensign of a Navy command (ship, squadron, or shore activity). In addition to normal duties, the Bull Ensign assumes various additional responsibilities such as teaching less-experienced ensigns about life at sea, planning and coordinating wardroom social activities, making sure that the officers' mess runs smoothly, and serving as an officer (such as treasurer) for Navy-related social organizations. The Bull Ensign is responsible for preventing junior ensigns in his command from embarrassing themselves and the Navy. Though the position often has little formal authority, the Bull Ensign serves as the focal point for the unit's expression of spirit and pride. A Bull Ensign will often be recognized by his uniform's oversized gold ensign collar device engraved with the word "Bull."

The origin of the term Bull Ensign is uncertain, though the combination of the words "bull" and "ensign" likely occurred in the mid-20th century. The first published use of the word "ensign" indicating the lowest rank of commissioned naval officer dates to 1708 when it was used in the *London Gazette*. The US Navy adopted the rank in 1862 as a replacement for the rank of passed midshipman (a Naval Academy graduate).

"Bull" has a wide variety of meanings ranging from a male bovine (circa 1200), or other large animal (1615), to an ecclesiastical (1297) or civil edict (1696), and even a falsehood or nonsense (1630). Bull is slang for a Royal Navy ship and an English person (1835); a railway locomotive (1859); a police officer/prison guard/detective (1893); something large and powerful (1889); and a logging foreman or boss (1942).

Terms possibly related to Bull Ensign are: Bulldog, a watchman or police officer (1828); Bulldozer, a bully/thug (1876); Bull-eater, an aggressive soldier (1918); Bull gang, a labor crew (1918); Bull nurse, a cowboy accompanying cattle on train destined for the slaughterhouse (1922); Bull camp, a labor camp (1931); and Bull Chief, a US Navy chief petty officer (1961).

Although the term "Bull Ensign" may signify an ensign behaving in a dominant manner, like a bull toward a herd of ensigns, it has also been suggested that the Bull Ensign's actions can be seen as "bullish" (optimistic and hard working), seeking promotion to Lieutenant (junior grade). The opposite of a Bull Ensign is the Boot or George Ensign - the officer with the least seniority in the wardroom. The term "Boot Ensign" likely originated in the first half of the 20th century. A "Boot" is an inexperienced/ignorant Navy or Marine Corps recruit in basic training (1911), or a junior officer, as mentioned in Martin Dibner's World War II novel, *The Deep Six*, published in 1953.

The origin of the term "George Ensign" is uncertain. George is slang for letting someone else [George] do a task (1910), someone who is knowledgeable and wise (1917), and a low-status Pullman railroad porter (1939). Saint George's Ensign, traditionally flown by the Royal Navy, is a flag with a red cross on a white field. It was first mentioned in 1611, and subsequently described in *Naval Tracts* (1704) as being flown by admirals from the head of the top mast of warships.

Source: Naval History and Heritage Command

Share your photos, sea stories, and BZs to

**THE RUDDER**

Submit them through your chain of command to: [MSC Corps Chief's Office](#)

# From the Corps Chief's Office

## Heritage

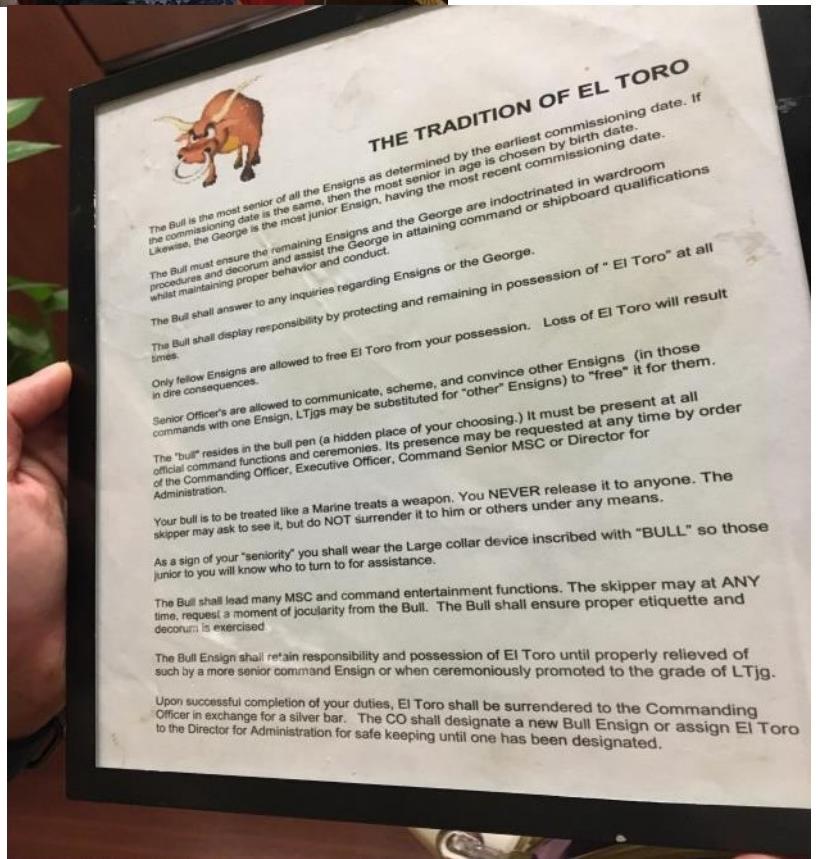
### Calling all Bull and Boot Ensigns!



*Have a great story or photos that you'd like to share about your "Bulls and Boots"? Please send them in to the [MSC Corps Chief's office](#), so we can include them in the Heritage section of future MSC newsletters!*

Left: CDR Rona Green, DFA, Naval Hospital Camp Pendleton and LTJG Clara Pangco, Bull Ensign, pose with El Toro.

Right: The Tradition of El Toro from Naval Hospital Camp Pendleton. El Toro is assigned to the hospital's Bull Ensign and must be protected until a new officer is designated as the new Bull Ensign.



# From the Corps Chief's Office

## *Heritage*

### Calling all Bull and Boot Ensigns!

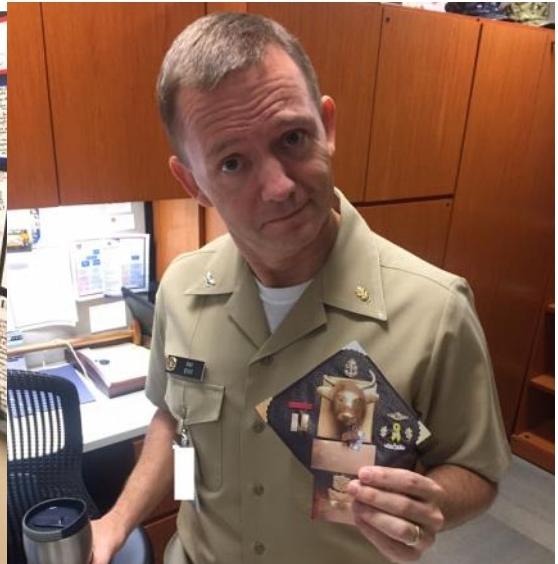
Our first Bull ensign story highlights the travels of Naval Hospital Camp Pendleton's (NHCP) bull. Somehow the bull left the hospital and the protection of its current owner, NHCP's Bull Ensign, LTJG Clara Pangco, and made it all the way to the beltway and into the BUMED office of our MSC Deputy Corps Chief, CAPT Ray Stiff. Wonder if it ever found its way back home?

LTJG Pangco went on a 3-week OCONUS leave to find the bull stolen (GASP!). She admits that it was her mistake not to lock it in a drawer and it was left out for anyone to steal. Word on the street is that a Chief Petty Officer kidnapped it (GASP!). Then, the bull was passed from CDO to CDO and even became part of the CDO turnover! The kidnapper was kind of enough to send the below photos to LTJG Pangco so that she could be kept abreast of the bull's travel adventures!

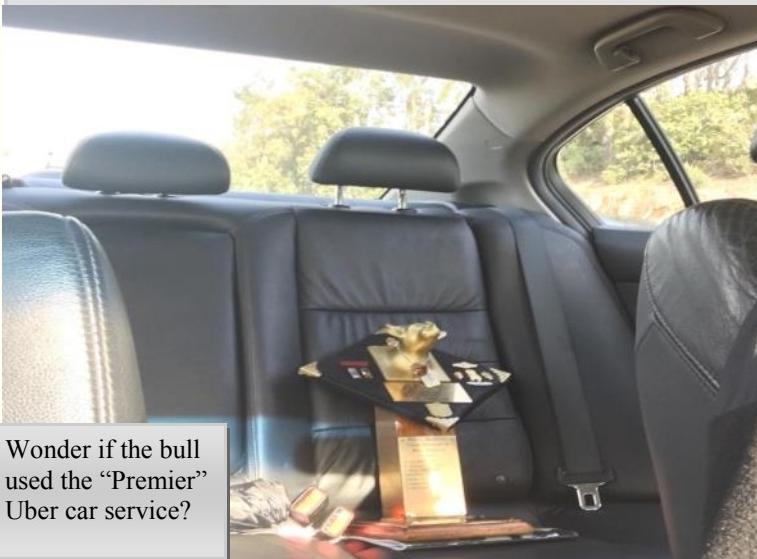
*Have a great story or photos that you'd like to share about your "Bulls and Boots"?* Please send them in to the [MSC Corps Chief's office](#), so we can include them in the Heritage section of future MSC newsletters!



CDR Rona Green, DFA, Naval Hospital Camp Pendleton, pictured with LTJG Clara Pangco, NHCP Bull Ensign. She looks a little nervous about this new responsibility.



CAPT Ray Stiff, MSC Deputy Corps Chief, puzzled at how the NHCP bull ended up in the Corps Chief's office!



Wonder if the bull used the "Premier" Uber car service?



We hear the bull made a short stop to sunbathe on the sunny shores of Redondo Beach!

# From the Corps Chief's Office

## Heritage

Continued from previous page...

LTJG Pangco wrote this limerick to explain what she could have done better to care for her bull:

*Definitely should've kept the BULL under lock and key  
 'Stead came back from leave, and it was running buck wild and free  
 I suspect the DFA allowed it to go ashore  
 Its' loss sadly, I had to pay for  
 So to the future BULL, you best guard it or you'll sure be sorry*

**Lesson Learned:** Either you take the bull wherever you go OR lock it up somewhere that no one else has access to. But never, ever leave it unattended.

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We'd also like to recognize the Medical Service Corps Association of Hampton Roads' new Bull Ensign, ENS Lateshia Tubman. Congratulations on your appointment ENS Tubman! Hopefully, your bull won't make the arduous 200 mile journey from Portsmouth to Falls Church!



Get engaged on



to get the latest updates on  
the MSC!

Portsmouth, VA -  
 CAPT Devin Morri-  
 son, DFA, Naval Me-  
 dical Center Portsmouth  
 pictured with ENS  
 Lateshia Tubman,  
 NMCP Bull Ensign.

- Education & Training Management
- Radiation Health Specialist
- Financial Management
- Environmental Health
- Physician Assistant
- Medical Technology
- Physical Therapy
- Microbiology
- Podiatry
- Pharmacy
- Physiology
- Medical Logistics
- Operations Analysis
- Patient Administration
- Plans, Operations & Medical Intelligence
- Health Facility Planning and Project Officer



- Health Care Information Systems
- Biochemistry/Toxicology
- Occupational Therapy
- Manpower/Personnel
- Clinical Psychology
- Industrial Hygiene
- Entomology
- Audiology
- Dietetics
- Optometry
- Social Work
- Research Psychology
- Aerospace Physiology
- Health Care Administration
- Aerospace Experimental Psychology

# March is Women's History Month



## Rear Admiral "Amazing" Grace Hopper

Grace Hopper was born in New York City in 1906, and by seven years old she was dismantling alarm clocks just to see how they worked. Turns out this would be kind of a life-trajectory for Grace, who got her Bachelor's in Math and Physics from Vassar in 1928 (age 22) and followed up with a Masters and PhD in Math from Yale by 1934 (age 28).

Grace had tried to enlist in the Navy early in the war. She was at age 34, too old to enlist, and her height to weight ratio was too low. She was also denied on the basis that her job as a mathematician—she was a mathematics professor at Vassar College—was valuable to the war effort. During World War II in 1943, Hopper obtained a leave of absence from Vassar and was sworn into the United States Navy Reserve, one of many women to volunteer to serve in the WAVES. She had to get an exemption to enlist; she was 15 pounds below the Navy minimum weight of 120 pounds. Grace graduated first in her class in 1944, and was assigned to the Bureau of Ships Computation Project at Harvard University as a lieutenant, junior grade. Here she worked on one of the first computers as part of the Mark I computer programming staff.

Grace's request to transfer to the regular Navy at the end of the war was declined due to her advanced age of 38. She continued to serve in the Navy Reserve. Hopper remained at the Harvard Computation Lab until 1949, turning down a full professorship at Vassar in favor of working as a research fellow under a Navy contract at Harvard.



While working on the Mark I, Grace created the first-ever compiler for computers – the thing that translates high-level programming language (like Java) into machine code for computers to read. As with so many of these things, nobody knew what to do with Grace's invention – she later said that "Nobody believed [it] – I had a running compiler and nobody would touch it. They told me computers could only do arithmetic."

Once her concept started to catch on, Grace developed the first compiler-based programming languages for computers, like MATH-MATIC and FLOW-MATIC – but there was something bothering Grace. She knew that computers would never gain popularity if all programs had to be written in crazy scary machine code, so to make them programmer-friendly, Grace knew computers had to be taught to understand a code as close to English as possible. And despite being told again that it was completely impossible, she went ahead and developed COBOL (Common Business-Oriented Language), which is now the most ubiquitous programming language of all time. COBOL uses words instead of numbers, so she basically taught computers how to understand Eng-



Continued to next page...

# March is Women's History Month (Cont'd)

Continued from previous page...

In 1947, while working on the Mark II at a US Navy research lab in Virginia, Grace noticed one of her computers wasn't responding to her commands. When operators dug into the actual, physical computer to find out what the problem was, they discovered that there was a moth stuck in a relay, blocking the computer from properly functioning. This may have been the first actual case of a "computer bug" being found.

In accordance with Navy attrition regulations, Hopper retired from the Naval Reserve with the rank of Commander at age 60 at the end of 1966. She was recalled to active duty in August 1967 for a six-month period that turned into an indefinite assignment. She again retired in 1971, but was asked to return to active duty again in 1972. She was promoted to Captain in 1973 by Admiral Elmo R. Zumwalt, Jr. She was promoted to the rank of Read Admiral (lower half) by Presidential special appointment in 1985 and finally retired from the Navy on August 14, 1986. At the time of her retirement, she was the oldest active-duty commissioned officer in the United States Navy (79 years, eight months and five days).



Rear Admiral "Amazing" Grace Hopper died in her sleep of natural causes on New Year's Day 1992 at her home in Arlington, Virginia; she was 85 years of age. She was interred with full military honors in Arlington National Cemetery. As a continuing honor of her service and accomplishments, the U.S. Navy named an Arleigh Burke -class guided missile destroyer after her. The USS Hopper (DDG-70) was launched on January 6, 1996.



Join the Medical Service Corps Facebook Closed Group

Visit <https://www.facebook.com/groups/usnavymsc>

# March is Women's History Month



THE ASSISTANT SECRETARY OF THE NAVY

(MANPOWER AND RESERVE AFFAIRS)

1000 NAVY PENTAGON

WASHINGTON, D.C. 20350-1000

MEMORANDUM FOR DISTRIBUTION

27 FEB 2017

SUBJECT: Department of the Navy 2017 Women's History Month

Every March the Department of the Navy (DON) celebrates Women's History Month. This year's theme is "Honoring Trailblazing Women in Labor and Business." Countless women have steered the course of American history, their stories demonstrating steadfast determination in the face of systemic barriers. From challenging the status quo to breaking professional glass ceilings, American women have stood resolute in the face of adversity and overcome numerous obstacles. Women's History Month is an opportunity for us to recognize the contributions women have made to our nation and to honor those who led the way for women's empowerment and equality.

The history of women's accomplishments in the DON is long and proud. Rear Adm. Grace Hopper, who famously coined the term "debugging," was one of the first programmers on the Harvard Mark I computer used during World War II. Aptly named "Amazing Grace," she was a computer scientist and is credited with developing the Common Business Oriented Language (COBOL). In 2003 Susan Livingstone became the acting U.S. Secretary of the Navy, the first woman in U.S. history to serve in that role. Pioneers like Martha Daniel, a U.S. Navy veteran, helped pave the way for the ever-growing numbers of women business-owners. Ms. Daniel founded a company that provides comprehensive technical and engineering support services, and in 2014 was honored by the White House as one of the Women Veteran Leader Champions of Change. The outstanding achievements, experiences, and traits of these individuals inspire the DON community.

This month join me in reaffirming our commitment to the DON core values of honor, courage, and commitment. As we write the next chapter of women's history, let us build on what our trailblazers have already achieved. When women succeed, America succeeds. From the Secretariat to Wall Street, in the military and civilian service, let us celebrate the contributions of all the women who have enriched our naval force.

A handwritten signature in black ink, appearing to read "Scott W. Lutterloh".

Scott W. Lutterloh  
Acting

# From the Corps Chief's Office

## eMentor Updates

### Elements of Effective Practice for Mentoring

*By: LT Laura Stephenson*

#### **A. Elements of Effective Practice for Mentoring**

##### **1. RECRUITMENT**

Recruitment strategies should build positive attitudes and emotions about mentoring, and target mentors and mentees whose skills, backgrounds, and needs best match the goals and structure of the program. The goal of the eMentoring program is to provide a platform that facilitates mentor/mentee matching within specialties to promote professional skills development and career guidance.

##### **2. SCREENING**

While there is no formal screening process in MSC mentoring, you should determine whether you have the time, commitment, and personal qualities to be an effective mentor; and screen prospective mentees to determine if they have the time, commitment, and desire to be effectively mentored.

##### **3. TRAINING**

Training is essential to the success of a mentoring program. Training focuses on ensuring that prospective mentors and mentees have the basic knowledge, attitudes, and skills needed to build an effective relationship. The eMentoring platform strives to provide tools and resources to effectively mentor junior MSC and cultivate outstanding leaders for today's Navy.

##### **4. MATCHING AND INITIATING**

Matching helps create appropriate mentoring relationships by identifying the knowledge and skills most likely to in-

crease the odds that the relationship is effective. Matching should consider individual characteristics about the mentor and mentee in order to foster an enduring relationship. Initiating is the step that establishes the mentoring relationship. Take the plunge! Reach out to a prospective mentor or mentee to see if they are interested in starting a dialogue.

##### **5. MONITORING AND SUPPORT**

Monitoring and support is critical to mentoring not only to create satisfying and successful relationships, but also to adjust to changing needs of the mentee and mentor. Support ensures ongoing advice, problem-solving, training, and access to resources for the duration of a mentoring relationship.

##### **6. CLOSURE**

Bringing a mentoring relationship to closure in a way that affirms the contributions of both the mentor and the mentee is essential to ensuring the relationship ends with positive value for the mentee. Closure is a normal stage in a mentoring relationship and mentors and mentees should be able to prepare for closure and assess their experience with the relationship.

\*Adapted with permission from [www.mentoring.org](http://www.mentoring.org)

### **This Month's eMentoring Community Winner:**

#### **"The Education and Training Specialty"**

CONGRATULATIONS to this Month's Top Enrollment by Specialty!

#### **eMentoring Platform Enrollment Update:**

- #1 Education and Training - 100% of specialty enrolled
- #2 Patient Administration - 49% of specialty enrolled
- #3 Entomology - 29% of specialty enrolled

**Enroll Now!**

Visit [https://www.milsuite.mil/wiki/Navy\\_Medical\\_Service\\_Corps\\_eMentor](https://www.milsuite.mil/wiki/Navy_Medical_Service_Corps_eMentor)

# Reserve Update: Train Like We Fight

## 4<sup>th</sup> Medical Battalion

By LCDR James McClelland, MSC, USN Reserves

**Camp Pendleton, California** – Encapsulating the ideology of “train like we fight”, Reserve Marines and Sailors from both the Headquarters and Service (H&S) Company of 4th Medical Battalion (4<sup>th</sup> Med Bn), 4th Marine Logistics Group, Marine Forces Reserve, and Expeditionary Medical Facility (EMF) Camp Pendleton actively participated in a simulated deployment of a Surgical Platoon, Combat Stress Platoon and EMF at Marine Corps Base Camp Pendleton, California, October 20 -23, 2016.

Like its active component (AC) counterparts 4<sup>th</sup> Med Battalion's mission is to provide health service support to the operating units of the Marine Air Ground Task Force (MAGTF). Unlike its AC counterparts the Battalion's three Companies are comprised of a total of 12 detachments spread over 9 states and the District of Columbia. Also unique to 4<sup>th</sup> Med Battalion is that it is staffed by both selected reserve (SELRES) and active duty Navy and Marine officers and enlisted. Among the staff are 27 SELRES and 2 active duty MSC officers. The active duty officers are part of the Inspector-Instructor (I&I) staff that support the SELRES with administration, operational planning, training, and logistics. Twice each year the SELRES and active duty from each Company conduct two field exercises to prepare for annual training (AT) in major exercises later in the year. This year the Battalion will support Exercises Global Medic, Eager Lion and African Lion.

The October H&S Company field exercise was designed as a multi-location, joint service training involving approximately 100 Marines and Sailors in real-world combat medical scenarios. Crucial to the execution of this exercise was previous collaboration, planning, and joint training with 1<sup>st</sup> Medical Battalion. This partnership has included the use of training AMALs, hands-on training in 1<sup>st</sup> Med's mock STP, simultaneous set up and exercise of Surgical Platoons during Exercise Dawn Blitz 2015, joint Preventive Medicine Platoon field training, and subject matter expert exchanges.

While the scope of the exercise provided Marines and Sailors critical exposure and familiarity with combat essential equipment and opportunities for honing logistics and planning skills, the operation maintained a focus on combat medical treatment and casualty evacuation. Exercise participants developed and refined essential skills in the treatment of simulated combat casualties in a high stress environment. For example, the exercise included random periods of spontaneous gunfire and camp invasion by mock insurgents. This unique component of the exercise allowed medical personnel to experience other aspects of medical care in the combat environment.

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# Reserve Update: Train Like We Fight

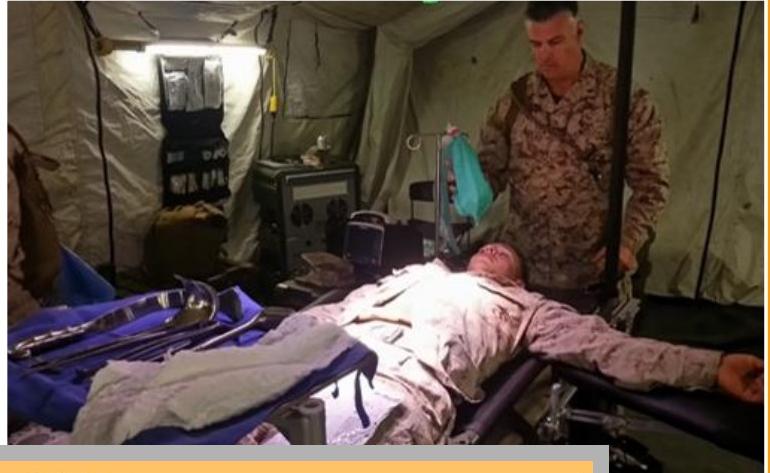
## 4<sup>th</sup> Medical Battalion

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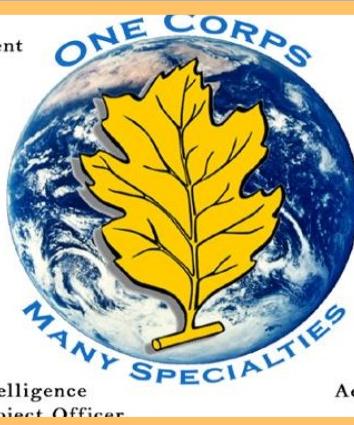
Marine personnel were a critical part of mission success. Throughout this exercise, Marine security personnel not only honed skills in the provision of camp security, but also developed critical skills related to clearing incoming causalities of dangerous materials which could threaten the medical mission. Likewise, Motor Transportation Marines sharpened skills in planning, logistics and heavy-lift equipment proficiency as exercise parameters echoed real-life, combat relocation of a mobile medical unit. Communication Marines played a pivotal role throughout the exercise in supporting the movement of casualties; a critical element of the medical mission in combat. Through rapid relocation and employment of communication assets, these Marines ensured mission essential lines of communication, the backbone of casualty evacuation, were fully operational. A major element of the exercise was the execution of casualty evacuation from a Role 2 to Role 3 medical treatment facility.

Integration of EMF Camp Pendleton into the combat scenario provided the sentinel opportunity for simulated in-theater transfer of care of combat casualties. Medical and mental health personnel from 4<sup>th</sup> Med Battalion and EMF Camp Pendleton joined efforts for the first time providing the full continuum of medical care across the Role 2 and 3 medical care environments.

The benefits of real-world training are invaluable for the units and for its personnel and is the direct result of effective SELRES and active component integration as well as the ongoing partnership between reserve and active Marine Corps units.



- Education & Training Management
- Radiation Health Specialist
- Financial Management
- Environmental Health
- Physician Assistant
- Medical Technology
- Physical Therapy
- Microbiology
- Podiatry
- Pharmacy
- Physiology
- Medical Logistics
- Operations Analysis
- Patient Administration
- Plans, Operations & Medical Intelligence
- Health Facility Planning and Project Officer



- Health Care Information Systems
- Biochemistry/Toxicology
- Occupational Therapy
- Manpower/Personnel
- Clinical Psychology
- Industrial Hygiene
- Entomology
- Audiology
- Dietetics
- Optometry
- Social Work
- Research Psychology
- Aerospace Physiology
- Health Care Administration
- Aerospace Experimental Psychology

# From the Detailers

## How to Find Orders in NSIPS

**NSIPS Web Site:** <https://nsipsprod.nmci.navy.mil>

**Menu**

Search:

- » My Favorites
- » EDM
- » RED/DA
- » User Release Information
- » Career Information Management
- » Employee Self Service
  - » Electronic Service Record
  - » View
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    - Training, Education, Quals
    - Performance Links
    - Service Obligations
    - Professional History Links
    - Administrative Remarks Links
    - Member Data Summary
    - Dependency Data
    - SGLI
    - Thrift Savings Plan
    - Training Summary
    - Exam Profile Data
    - Montgomery GI Bill
    - Court Memorandum
    - Unauthorized Absence
    - Honors and Awards
    - Fitness Report
    - History of Assignments
    - IDT Detail Summary
    - Billet History
    - Orders Detail
    - Orders History**
    - Administrative Remarks History
    - PCS Travel
    - Address and Phone
    - Civilian Employer Information
    - Emergency Contact
    - PQS
    - Course Data
    - Religious Accommodations

1. Click Employee Self Service
2. Click Electronic Service Record
3. Click View

**-Most recent orders are at the bottom-**

Favorites Main Menu Employee Self Service Electronic Service Record View Orders History

**Orders History**

Name: Rank/Rate: Current DSC:

[View Orders Detail](#) [Print Selected Orders](#) [Print Selected Orders and Transfer Information Sheets](#)

Select All De-Select All

Select	Order Date	Order Indicator	<a href="#">View Orders Text</a>
<input type="checkbox"/>	12/01/2003	Initial	<a href="#">View Orders Text</a>
<input type="checkbox"/>	11/15/2007	Initial	<a href="#">View Orders Text</a>
<input type="checkbox"/>	10/22/2010	Initial	<a href="#">View Orders Text</a>
<input type="checkbox"/>	04/10/2014	Initial	<a href="#">View Orders Text</a>
<input type="checkbox"/>	01/06/2016	Initial	<a href="#">View Orders Text</a>

First 1-5 of 5 Last

Go to: [ESR Home](#) [Professional History Home](#)

[Return to Search](#) [Notify](#)

### MSC Detailers

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# Specialty Spotlight: Research Psychology

Navy Research Psychologists (RP) are a select community of highly trained experimental scientists who look to apply our area of psychological and behavioral expertise to maximize the readiness, performance, and health of the naval warfighter. We are a proud part of the Navy & Marine Corps healthcare team. We support clinicians and Corpsmen through Research and Development (R&D) solutions to difficult problems in military medicine, whether it's on the battlefield, shipboard, or clinic. We support Navy leadership as staff officers with as subject matter expertise and analytical skills. We support the warfighter by maximizing performance in their professional duties. We support the Navy core values: honor in critical inquiry and scientific method; the courage to innovate and seek out new solutions; and commitment to see that all are respected and treated fairly.

Research Psychologists seek to make the greatest impact when applying their skills to research with strong operational and military relevance. RPs enter the Navy with a Ph.D. in psychology with a concentration in cognitive, experimental, social, industrial/organizational, physiological, neuroscience, or a related area – all with strong quantitative and analytical skills. Unlike many communities where systematic training/concentration is the norm, we strive for a diverse but balanced community of educational concentrations with demonstrated professional acumen being the requirement. We pride ourselves on team-building, technical excellence, and relevance of our science to Navy medicine and operational forces.

RP's are health care scientists (HCS) within the MSC community. We support most directly the Surgeon General's priorities of *partnership* and *health* with the goal of improving *readiness*. As part of interdisciplinary partnerships, we support and promote health through research and development at the labs. We understand that modern problems require assembling teams, achieving consensus, and working towards a common vision to achieve goals. RP's are adept at working with diverse teams and expect to work in uncertain environments where strict, hierarchical approaches stifle innovation. Some are performing research in areas like traumatic brain injury and post-

traumatic stress disorder that require collaborative partnerships. These have included universities like University of Virginia, Georgetown, Temple, USUHS, and University of North Carolina at Greensboro; Researchers at the DC and Bronx VAs; Naval Medical Center Portsmouth; Walter Reed National Military Medical Center; collaborations across the Navy labs; and Army collaborators at WRAIR and USAARL.

As science and technology managers in the acquisition workforce, we see that evidence-based care will promote better health outcomes for the warfighter. A robust in-house medical R&D capability, along a cadre of trained acquisition professionals is necessary to generate solutions specific for the military community. One-third of the RP community deployed to Afghanistan in support of Operation Enduring Freedom as either members of the Mobile Care Team to conduct behavioral health surveillance of Navy Individual Augmentees or the Joint Combat Casualty Research Team (an R&D arm of the JTS) to conduct biomedical research. These efforts improved the health and readiness of Navy IAs, US, and Coalition forces. In CONUS, our researchers are integrated through the Defense Health Agency's Joint Program Committees (JPC) in Military Operational Medicine (JPC5) and Combat Casualty Care (JPC6). Many RPs attain acquisition certification as Science & Technology Managers. In this way, we are promoting the translation of knowledge into products and practice. RPs have played crucial roles in understanding brain injury, sleep, combat stress, and other factors that impact operational performance. RPs are currently leading efforts to develop future in-theatre medical R&D platforms.



LCDR Jay Haran aboard the USS DWIGHT D. EISENHOWER (CVN-69).

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## Research Psychology Officers

**Subspecialty Code = 1845**

**Billets = 21**

**End Strength = 19**

**Reserve Billets = 0**

**Reserve End Strength = 0**



# Specialty Spotlight: Research Psychology

Continued from previous page...

New RP accessions are usually placed at one of the Navy Medical Research Laboratories in a unique role that combines naval officer responsibilities with elements of R&D industry and academia. As naval officers, their energy and enthusiasm keep the command on track. They develop knowledge of contracting and project management. They cultivate their “sphere of influence,” leadership skills and ability to innovate. As academics, they apply their subject matter expertise in psychological and behavioral sciences to operational or medical research. The operational type of research includes submarine, diving, shipboard, cyber, expeditionary, and special operations. Medical research occurs on a multitude of topics affecting various aspects of human performance and health in military systems. The community strives to



LCDR Jacob Norris at USMC Mountain Warfare Training Center.



CDR Katie Shobe preparing to board the USS ASHEVILLE (SSN-758).

achieve diversity of assignments and positions throughout their career in order to prepare them for Executive Medicine positions (e.g., XO or CO of Navy Medical Research Laboratories). This year, CAPT William Deniston was selected for command and slated as XO of NMRC; he will arrive in May/Jun.

All RP billets are located within the continental United States. Positions include: Naval Medical Research Center (NMRC), Naval Health Research Center (NHRC), Naval Submarine Medical Research Laboratory (NSMRL), Naval Medical Research Unit Dayton (NAMRU-D), and Naval Medical Research Unit San Antonio (NAMRU-

SA). Other Navy Medicine positions are located at BUMED (M9 and Department of the Navy's Human Research Protection Program (DON HRPP)), and the Robert E. Mitchell Center for Prisoner of War Studies at Navy Medicine Operational Training Center (NMOTC). The remaining RP positions are at line commands, including the Navy Inspector General (IG), Naval Service Training Command (NSTC), Defense Equal Opportunity Management Institute (DEOMI), SPAWAR Systems Center Pacific (SSC PAC), Navy Experimental Diving Unit (NEDU), and the Office of Naval Research (ONR).

The Research Psychology Community plays a major role in the Research, Development, Testing and Evaluation (RDT&E) enterprise. Not only are we scientists, but we are program officers who run multimillion dollar research portfolios, research coordinators responsible for planning, executing and funding core competencies with a research lab, or staff officers who focus on maximizing data collection processes and communicating the results of nebulous statistics. Unlike a civilian researcher, the active-duty research psychologist understands health and readiness through their own personal experience therefore better understands how to preventing injury and illness. We do this through multi-disciplinary teaming within our sub-specialty, our operational partnerships, and leveraging our capabilities through Joint partnerships with other services.

Join the Medical Service Corps Facebook Closed Group

Visit <https://www.facebook.com/groups/usnavymsc>

# Specialty Spotlight: Research Psychology

## Understanding Military Leadership from a New Perspective

By: LT Tara Smallidge

As a Research Psychologist, the opportunities are as wide and open as your interest and passion will take you... This is the motto I have pursued for the past 6 years in uniform. I remember resigning from my successful position in the civilian sector to join the military; the reactions from others resulted in confusion. Those not as familiar with the military stated, "The military? You're too visionary for just following orders". I replied, "The honor to serve my country in this capacity will result in unimaginable opportunities". Over the past 6 years, this certainly rings true.

As a Research Psychologist and a key member of the research and development (R&D) team, fellow community members conduct research in laboratory and field settings on variables affecting aspects of human performance in military systems and/or deliver operational products that impact health, safety and operational performance to the Fleet. My contribution as an I/O Psychologist, is to lead the effort of inculcating the importance of Emotional Intelligence to our Navy's current and future leaders. I have incorporated Emotional Intelligence into my work as a Naval Officer, Leader, and Scientist.

Although there are many definitions of Emotional Intelligence; it ultimately measures how a persons' emotions affect their ability to fulfill a mission, whether the mission is operational, medical, academic, professional or personal. The concept explores questions such as, "How are my emotions effecting my ability to make decisions, communicate, build relationships and simply get the job done effectively? Do my emotions control me or do I control them? Considering the military is a unique environment where emotional unpredictability is a familiar experience; what better place to study this concept then within the military.

Regardless of my billet description, at every command, I would find ways to educate the warfighting community I was supporting on the importance of emotional intelligence; starting with the Submarine Community. During my first tour at the Naval Submarine Medical Research Laboratory (NSMRL), I partnered with the Chap-

lains to build an emotional readiness session for first time deployed submariners. This session provided an opportunity for submariners to learn and reflect on how their attitude and emotions could affect their productivity underway. Every person experiences emotions, learning how we can handle them in stressful situations is what makes all the difference.

Shortly after proposing this emotional readiness training, I was deployed to Afghanistan in support of the Navy Mobile Care Team (NMCT); this was an opportunity for me to continue practicing my own advice. I practiced emotional intelligence strategies such as: Positive self-talk: thinking calming strategies in times of stress; Physiological techniques: deep breathing and paying attention to my body language and facial expressions, and inserting a brief pause in between the stimulus and my response. Most importantly, daily journaling was a way to alleviate built up stressors of traveling in a combat zone and to help sort out the realities of war time struggles. Upon my return, I started the position as a guest lecturer at the Naval War College (NWC) teaching Emotional Intelligence for Leaders. This was the first exposure of emotional intelligence training at the NWC. I instructed and coached over 200 students and still counting from all branches of the U.S military, including federal agencies.

In 2014, I started at the Naval Service Training Command (NSTC) in Great Lakes, IL. This was a unique opportunity to integrate emotional intelligence into the Navy at the accession point. NSTC oversees 98 percent of initial officer and enlisted accessions training for the Navy, as well as the Navy's Citizen Development program. NSTC includes Recruit Training Command (RTC), the Navy's only boot camp, NROTC units at more than 160 colleges and universities, OTC at Naval Station Newport, RI and Navy Junior ROTC and Navy National Defense Cadet Corps (NNDCC) citizenship development programs at more than 600 high schools worldwide.

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Share your photos, sea stories, and BZs to

Submit them through your chain of command to: [MSC Corps Chief's Office](#)

THE RUDDER

# Specialty Spotlight: Research Psychology

## Understanding Military Leadership from a New Perspective

*By: LT Tara Smallidge*

Continued from previous page...

EI Pilots were conducted and planned for future integration into the curriculum. In addition, I used emotional intelligence training to guide our Victim Advocates to help support the Navy's Sexual Assault Prevention and Response (SAPR) Program. These experiences and successful endeavors have led to briefing top Navy Leadership on the importance of EI and secured a spot at the Navy's only Leadership and Ethics Center (NLEC) within the Naval War College.

In 2016, under the CNO's guidance to maintain and develop effective leaders, the research psychology community was called for me to join the staff of senior post command instructors to develop and teach self-awareness and emotional intelligence. NLEC students consist of major commanders, prospective commanding officers, prospective executive officers, and command master chiefs. As a JO, this opportunity has been a blessing for me to partner with successful senior leaders and blend psychological content with Fleet relevance into the Navy's senior leader training program. In addition, as a Scientist, I am a member of the growing research team at the NWC conducting ground breaking leadership research to continue building evidence based approaches to understanding how we lead. The scientific study of human behavior is enhanced by understanding trends. We are looking at military leadership through a new lens; this is not just

about leadership development, but continued leadership sustainment. To understand where military leadership is headed we must know where we currently are by measuring, modifying and/or enhancing as such. The work being conducted is truly ground breaking and the first time we are looking at military leadership with this perspective.

As described above, I have incorporated Emotional Intelligence into my work as a Naval Officer, Leader, and Scientist and look forward to what the future holds. As a research psychologist, I can continue to support my community and the Navy by creating awareness, research and development opportunities and the Fleet applicability to understanding Military Leadership. Future studies and visions include branching into our special operations community and medical teams. The opportunities are truly endless....

To read more on the full stories of this EI integration:  
 EI & new accessions: [http://www.navy.mil/submit/display.asp?story\\_id=95528](http://www.navy.mil/submit/display.asp?story_id=95528)  
 EI & Victim Advocates: [http://www.navy.mil/submit/display.asp?story\\_id=91418](http://www.navy.mil/submit/display.asp?story_id=91418)  
 NLEC Self-Awareness Working Group: [http://www.navy.mil/submit/display.asp?story\\_id=97921](http://www.navy.mil/submit/display.asp?story_id=97921)

Education & Training Management  
 Radiation Health Specialist  
 Financial Management  
 Environmental Health  
 Physician Assistant  
 Medical Technology  
 Physical Therapy  
 Microbiology  
 Podiatry  
 Pharmacy  
 Physiology  
 Medical Logistics  
 Operations Analysis  
 Patient Administration  
 Plans, Operations & Medical Intelligence  
 Health Facility Planning and Project Officer



Health Care Information Systems  
 Biochemistry/Toxicology  
 Occupational Therapy  
 Manpower/Personnel  
 Clinical Psychology  
 Industrial Hygiene  
 Entomology  
 Audiology  
 Dietetics  
 Optometry  
 Social Work  
 Research Psychology  
 Aerospace Physiology  
 Health Care Administration  
 Aerospace Experimental Psychology

# Emotional Intelligence for MSC Officers

*By LT Todd Seech and LT Tara Smallidge*

The Medical Service Corps (MSC) has a long tradition of supporting and encouraging the professional development of its Officers, and the Corps Chief's core value of *excellence* is aligned with this tradition. As MSC Officers, understanding the concept of emotional intelligence (EI) can be an important step in supporting our journey of leadership.

Emotional intelligence is a set of emotional and social skills that influence the way we perceive and express ourselves, develop and maintain social relationships, cope with challenges, and use emotional information in an effective and meaningful way. EI measures how our emotions affect our ability to fulfill our mission, whether we are Health Care Administrators, Clinicians, or Scientists. As MSC Officers we experience a myriad of challenges and stressors, and many people look to us for guidance and leadership. Understanding and developing EI skills can help us be more effective leaders in our communities. It takes a degree of vulnerability to look inward and ask these questions:

“How do my emotions affect my ability to make decisions, communicate, and simply get my job done effectively?”

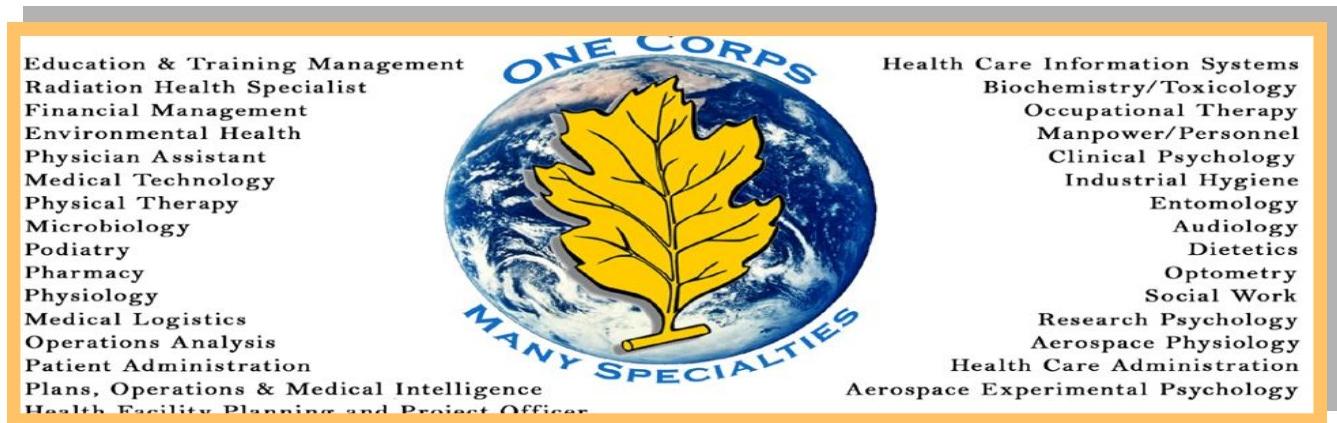
“Do my emotions control me or do I control them?”

“Do I understand how my emotions derail me or make me more effective?”

Reflecting on and asking ourselves these questions aids in uncovering our blind spots, recognizing opportunities for improvement, and also provides us a forum to validate our strengths. A large aspect of our job as MSC Officers includes uncertainty and unpredictability, which requires a great deal of responsibility to not only understand how we manage our own emotional reactions but to also observe our leadership of others through uncertain situations. Each MSC community cultivates its own mission readiness and develops a unique blend of “emotional readiness” that helps to make the Corps successful as a whole. This form of readiness enables us to perform at our best and to influence our team to do the same. Emotional Intelligence is what gets us there.

Communities within the Navy have used “EI-like” principles for decades. For example, Crew Resource Management (CRM) was introduced in the early 1990’s to highlight the importance of aircrew interpersonal skills as a means of decreasing mishaps. The mnemonic term “SAD CLAM” (“Situational Awareness, Adaptability/Flexibility, Decision Making, Communication, Leadership and Assertiveness, and Mission Analysis”) is a term known all-too-well to Naval aviation communities, and is one example of EI playing a key role in fleet readiness. Other principles and guidelines for our Navy can also be found in the concepts of Operational Security (OPSEC) and Operational Risk Management (ORM), which rely heavily on the ability to understand and manage emotions in ourselves and our cadres.

The MSC Strategic Goal Group is currently researching ways, both formally and informally, for how we, as MSC Officers, can grow our EI Skills to help us achieve our mission. Stay tuned to future issues of The Rudder for more information on EI!



# Maximizing Staff Engagement: A High Reliability Organization Best Practice

By CDR Marc Herwitz & LT Michael Natali

Last month, we introduced the Medical Service Corps (MSC) Strategic Goal Group (SGG)'s initiative to incorporate High Reliability Organization (HRO) best practices into the MSC communities. HRO's high-level production and low error rates despite working in complex, hazardous environments offer examples and guidelines for how to improve the safety and quality of work in Navy Medicine and the Medical Service Corps. One of the prerequisites for successful HRO implementation mentioned last month was member engagement.

## The Big Question

As many people see it, the billion dollar question is: How do we build the confidence of our staff and engage them in improving clinical and administrative processes as well as increasing the safety of the work environment? Though it can be difficult to establish, the solution is actually quite simple: when people trust you and view you as a change agent, they are willing to partner with you. As trust develops, engaged team members see your intentions as genuine and understand their efforts are appreciated and make a difference. So what's the problem? Why can trust and engagement be difficult to develop? Unfortunately, barriers stand in our way to developing high levels of trust and becoming a high reliability organization (HRO). One of the major issues is our command and rank structure.

## Barriers to Engagement

Healthcare governance and the military rely heavily on traditional organizational hierarchies and rank structures, limiting many of the inputs necessary to identify, analyze, and act upon to improve efficiency, effectiveness, and safety. In the Navy Medicine leadership and organizational structure, deck-plate healthcare workers are accustomed to top down/ senior leadership driven innovation, initiative, and decision making and are disincentivized from speaking up or sticking their necks out. This raises the question: What actions can be taken to encourage and engage front line workers to improve processes they know need to be amended, provide solutions to identified issues, and drive positive and sustainable change?

In the private sector, an answer has been to "flatten" the organizational structure – removing or realigning titles and jobs, emphasis on bidirectional communication, higher flexibility, and reduced middle management authority. Many management experts argue healthcare needs to adopt the newer, flatter organizational models instead of the traditional pyramid hierarchy if they want to remain relevant and improve in the rapid innovation and adaptable environment we live in today. While the adaptability and member sense of equality of flat organizations sound appealing, they are not always practical or scalable for larger organizations such as healthcare or the military where hundreds to thousands of employees provide many different and diverse services needing to interact well together and often spread across several locations. Additionally, a flattened model might not be practical to ensure safety in the sophisticated and sometimes invasive treatment of the healthcare environment.

## Building Engagement

Although going "flat" may not be practical, we can adopt tenants of flat organizations and incorporate them into traditional hierarchy leadership. Specifically, we can implement methods to enhance communication and promote self-starting initiatives. Two methods with a track record for success in healthcare staff engagement are: the *Studer Model of Hardwiring Excellence*, which is derived from evidence-based leadership theory and incorporates several managerial tools, and *Lean Methodology*, an approach adopted from the automotive industry (Toyota Motor Company) and has transformed healthcare by promoting inclusiveness of all employees through its mantra of 'respect for people' and 'constant daily improvement'.

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# Maximizing Staff Engagement: A High Reliability Organization Best Practice

By CDR Marc Herwitz & LT Michael Natali

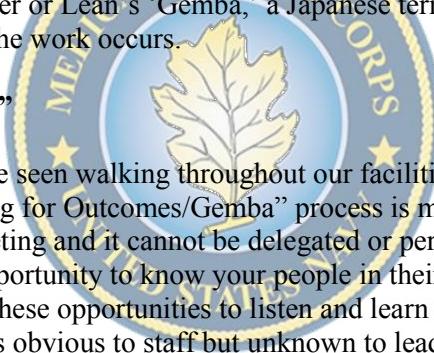
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Both the Studer and Lean methods share a commonality promoting individual commitment to the organization and align with five simple managerial principles that when followed, link deck-plate workers to the HRO mission. These five managerial principles are well delineated in the book, *Closing the Engagement Gap*, by management experts Julie Gebauer and Don Lowman. The five principles are:

- Know your employees – learn the jobs of your staff and what is important to them individually and collectively.
- Grow your employees – develop and have plans in place to invest in your staff through training and mentorship.
- Inspire them – have a clear vision aligning and connecting staff goals with organizational goals.
- Involve them – encourage staff participation in identifying areas for organizational improvement, share how their work contributes to mission success.
- Reward them – thank and reward staff appropriately and in a timely fashion.

When management demonstrates success across all five principles, employees trust and follow leadership as they become engaged in the organization. Together, Studer and Lean methodologies can help the MSC communities get the most out of their employees, build loyalty, raise morale, and ultimately improve the patient experience while also aiding our efforts to become an HRO. One method to help management succeed with the five principles is referred to as ‘Rounding for Outcomes’ by Studer or Lean’s ‘Gemba,’ a Japanese term meaning “the real place” and referring to seeing how the work is done where the work occurs.

## Rounding for Outcomes - “Gemba”



As leaders it is essential to be seen walking throughout our facilities, especially in areas that we are delivering care and services. The “Rounding for Outcomes/Gemba” process is more than face-to-face communication or a well-intended good-and-welfare greeting and it cannot be delegated or performed virtually, through a phone call, or communicated via e-mail. It is an opportunity to know your people in their own environment and for them to display the work they do. Leaders must use these opportunities to listen and learn from their staff in order to understand what difficulties exist or recognize barriers obvious to staff but unknown to leadership. As you improve your understanding of employees’ and their work, you engage your staff and are able to take appropriate actions to improve processes, work, situations, and communication. This simple process of engaging and listening to staff lends itself to showing gratitude for the often rarely recognized dedication and hard work of staff which in turn lends itself towards building relationships essential to the best delivery of services and healthcare. Studer’s Rounding Model provides example questions to use with staff to achieve success with the five principles. The questions are systematic and move from relationship building to gap identification and problem solving to fostering recognition within and outside of the work area. It is purposely repetitive and typically follows a sequential order:

1. How are you and your family?
2. Tell me about the work you do?
3. What is going well?
4. What is not working well and why might that be?
5. What barriers do you face?
6. Do you have everything (tools, skills or supplies) that you need to do your work?
7. Is there anyone that I can personally thank for their teamwork and support of your work?

Continued to next page...

# Maximizing Staff Engagement: A High Reliability Organization Best Practice

By CDR Marc Herwitz & LT Michael Natali

Continued from previous page...

Expanding the Studer model to incorporate the Lean practices for identifying areas for process improvement can aid in identifying the “Eight Wastes in Healthcare:”

1. Transportation – Is there too much movement of patients or materials?
2. Inventory – Is there too much or too little inventory easily attained close by?
3. Motion – Is there too much staff movement to perform their duties?
4. Waiting – Are there delays in the process, too much downtime and waiting?
5. Overproduction – Is more done than what is needed in advance of care or a service being rendered?
6. Over-processing – Are tasks or work being performed that ultimately are not necessary?
7. Defects – Are too many errors being made to perform a service and/or too much effort needed to fix issues in a service or process?
8. Staff Engagement – Are we not utilizing our staff properly? Are we over-utilizing our staff? Are we not actively listening and respecting what our staff tells us?

Infusing these eight wastes of healthcare when learning about each employee’s work and in your discussions with them can help identify or direct focus to potential issues. Engaging staff in the eight wastes may also aid your staff expand their understanding of how their work contributes to mission success, bringing a new perspective or solutions they had not thought about previously but now are obvious to them.

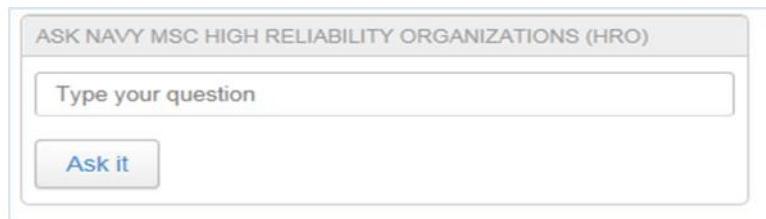
## Summary

While maximizing staff engagement via ‘Rounding for Outcomes’ and ‘Gemba’ can be exhausting and trying on leadership as it takes time and energy in addition to that required by all other responsibilities, when done regularly and with conviction, results can significantly improve safety, reduce errors, improve quality, and result in highly engaged staff stepping up independently of being prompted to look for new improvement opportunities and sustainable positive gains in the workplace. ‘Rounding for Outcomes’ and ‘Gemba’ are just two of many tools available and other Studer and Lean methods can also deliver amazing gains in the MSC mission to become an HRO. As we continue our efforts to mold the MSC communities into HROs, those tools and others will be made accessible on the MSC HRO MilSuite website. Visit the site and provide us your thoughts as well as your suggestions on how we can further contribute to our HRO mission.



## Implementing High Reliability at the Deck Plates: Go to the Navy MSC High Reliability Organization MILSUITE Page By LCDR Michael Schwartz

Whether you are just scratching the surface and want to learn more about High Reliability or are a High Reliability "Virtuoso", Medical Service Corps Officers will soon be able to create a bookmark to the "Navy MSC High Reliability Organization (HRO)" MILSUITE Page. This MILSUITE page is currently under construction and is expected to go-live early July 2017. The page is being designed as a collaborative workspace where visitors will be able to ask an HRO expert a question, data mine previous performance improvement projects, and discover the latest reading lists to quench your thirst for everything High Reliability.



The current site will provide Users the latest news from within High Reliability. The site's Discussion Board allows Users to "ask a question/answer a question" leveraging the expertise from within our Corps; whether to ask questions, post ideas, or collaborate with other likeminded individuals. Additionally the site showcases a Reference Library which archives dozens of HRO resources to include journal articles, references, and performance improvement tools.



The site will provide users a variety of HRO/Performance Improvement hyperlinks across the Department of Defense, Academia, and the Joint Commission. Future plans for this MilSuite site include;

- (1) A Best Practices Corner so our Corp's best and brightest ideas can cross pollinate across Navy Medicine.
- (2) Coordination with the LEAN Six Sigma (LSS) program to include expanding access to LSS performance improvement tools and LSS project library.
- (3) Development of a link to a Specialty Leader "Go-To" list where users will be able to discuss Specialty Specific improvements and ideas.

Start your search for High Reliability with this one-stop MilSuite HRO site expected to debut early July 2017.

# Saving Lives through Engineering and Acquisition in Naval Aviation

## By LCDR Sean McCarthy

You, Medical Service Corps officer, are good enough, smart enough, and doggone it people like you so you too can be a program manager in Naval Aviation acquisition! This is true - the Naval Aviation Warfare Center Aircraft Division (NAWCAD) has a few select Medical Service Corps specialties providing essential expertise for the development and sustainment of aviation specific products required for successful mission performance. Currently the Human Systems Department (competency AIR4.6) of NAWCAD employs ten MSCs from two specialties, Aerospace/Operational Physiologists and Aerospace Experimental Psychologists. These uniformed members work within a directorate of more than 500, mostly civilian, acquisition personnel are the primary link to the Fleet. I am LCDR Sean McCarthy and I am one of two Aerospace/Operational Physiologists within AIR4.6.

Welcome to big business: my responsibility at AIR4.6 is to manage a 20-person Life Support Systems team of civilian material engineers, product technicians, supply logisticians, quality assurance specialists, and a draftsman in their efforts to support the sustainment of more than 450 life support systems used in more than 500 flight equipment configurations for aircrew and aircrew support personnel. Daily, my team is engaged with the Fleet to resolve challenges critical to readiness and mission success. Our gear is essential to every operational sortie and training flight. It is used by thousands of Naval aircrew, and by some of our sister service and allied nation's aircrew. Our products need to work in order for the aircrew and aircrew support personnel to execute the mission every single minute of the millions of flight hours flown annually. Not only is aircrew gear designed to provide protection, but it has to minimize interference with aircrew operations and be durable enough for daily wear. In the event of a mishap, our survival gear must work. Every year our products bring aircrew back from a mishap or combat action to fly and fight again.

I describe my typical day as a cross between managing a Sears store and managing a Ford production line. While it is stressful, it is motivating to see my team's products save warfighters. We have the noble responsibility to ensure that these life support systems are produced to the stringent specifications required for the military environment and that the maintenance of these products support a lengthy life cycle so the taxpayers receive good value for their hard earned dollars.

Many of you may be wondering why a healthcare scientist in charge of this business oriented entity. As Medical Service Corps officers we are experts in our specialties. We develop strong communication skills as we routinely explain why our niche expertise is essential to mission success. The Aerospace/Operational Physiologist is here because we gain expertise on aircrew life support equipment though our junior officer billets. This starts early in our careers as Aeromedical Safety Officers interacting daily with the aircrew, flight equipment personnel and other aviation support personnel. We train them on human performance, survival, and optimum use of spatial awareness tools to enhance their mission success. We fly with them and observe their experiences during training and operational missions. We see their challenges using, maintaining, and acquiring the gear they need in order to be ready to execute the mission. We take all of this and process it to be able understand the needs of the aircrew. This requires the ability to decipher root causes of equipment issues: human or material, process or policy. We translate these findings up and down the chain of command in an effort to find timely resolutions. Many times these root causes find their solutions in the Human Systems Department of NAWCAD.

I also describe my billet as the complaint office (I say this in a positive light). I receive the concerns from the Aerospace/Operational Physiologists across the Fleet. I assure them that their concerns are valid and important. I translate their concerns to the Life Support Systems team and strive for a universally acceptable resolution.

Every day at AIR4.6, I support the process which identifies, develops, modifies and implements the life-sustaining and life-saving aircrew products used by our warfighters. Applying the principles of a High Reliability Organization, I have a Preoccupation with Failure and a Reluctance to Simplify. Without those, it would be easy to overlook many of the Life Support Systems needed by our aircrew for optimum performance like warm non-skid boots or helmet liners to mitigate head pressure points. It would also be easy to forget the importance of creating clear inspection and maintenance procedures for the maintainers of this critical gear. AIR4.6 writes these procedures while being Sensitive to Operations and appreciating the limited time and manpower ensuring the procedures support the reliability of the product. Our work within the acquisition world at NAWCAD is unique but truly essential to our warfighters.

My billet at AIR4.6 was established with a Deference to the Expertise of the Aerospace/Operational Physiologist. I am an MSC Healthcare Scientist who can translate Fleet Aviation speak and who understands the science of human performance. I can match the human with the material and bring business sense to execute in the acquisition realm.

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## MSCs in Focus



Jacksonville, NC - RDML Swap visits 2d Medical Battalion, Camp Lejeune on 22MAR17. Pictured (L-R): CDR Justin Logan, Medical Planner, 2d Medical Battalion; CDR Darryl Arfsten, Executive Officer, Field Medical Training Battalion –East (FMTB-E); LT Derek Witkowski, Healthcare Administrator; CDR Leslie Riggs, Healthcare Administrator; LT Matthew Kugelman, Healthcare Administrator; CAPT Bryan Tolbert, Battalion Commander; RDML Anne Swap, Commander, Navy Medicine East; LTJG Joseph Olson, Healthcare Administrator; LT Jonathan Allen, Environmental Health Officer; LT Lisa Brown, Executive Assistant, Navy Medicine East; LT Claudia Cespedes, Psychologist; CAPT Jennifer Smith, Battalion Commander, FMTB-E; LT Markelly Jean-Pierre, Healthcare Administrator; LT Teckolar Seals, Healthcare Administrator; CDR Kevin Bailey, Executive Officer, 2d Medical Battalion, and LT Eric Lewis, Healthcare



Daegu, South Korea - HCA/POMIs take a quick sanity-check while assigned to the Joint Medical Operations Center during KEY RE-SOLVE 2017. Pictured (L-R): LT Wayne Simonds, LT Bryce Mendez, LCDR Heather HendrixHolmes, LTJG Angela Giniel, LT Curtis Popp.

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## MSCs in Focus



Top picture: Corpus Christi, TX - LT David Rozovski, Aerospace Experimental Psychologist, poses for a picture after his first solo flight in the T-6B Texan II, VT-28. Picture on left: Whiting Field, Milton, FL - LT Rozovski stands next to the Bell TH-57 Sea Ranger after landing his first helicopter solo flight, HT-28. LT Rozovski is an AeroMedical Dual Designator (AMDD) candidate. The AMDD program enables exceptionally qualified aero-medical officers to be cross-trained as Naval aviators to better support the unique, critical aero-medical demands in Naval aviation.

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## MSCs In Focus



=BE=

**COMPASSIONATE**

**ACCOUNTABLE**



**Exceptional**

**Responsive**

Pensacola, FL- Naval Hospital Pensacola staff conducts an Officer Commissioning Symposium on March 10 to educate Sailors on the various commissioning options available to them in Navy Medicine. Officers from the Medical Service Corps, Medical Corps, Dental Corps, Nurse Corps, and Chaplain Corps were all present to answer questions and share their experiences. The event was attended by 93 Enlisted Sailors. Top picture: LT Natalie Krupp (left), Healthcare Administrator (Patient Administration); LT Shannon Smith (rear), NRC Recruiter. Middle picture: LT Cecily Teach (right), Physical Therapist. Bottom picture: CDR Troy Brooks, Dental Corps; LCDR Teresita Alston, Dental Corps.

## MSCs Around the Globe



USS NIMITZ (CVN-68)– Industrial Hygiene Officers pose for a photo onboard the USS NIMITZ (CVN-68) during the President, Board of Inspection and Survey. Pictured (L-R): LT Gregory Wolfley, CAPT Paul Durand, LT Victor Camaya, LT Ben Barrus, LT Jason Leidel, LT Christopher Wooden, LCDR Scott Dunn, LT Mason Baziw, and LT Tony Allen.



Okinawa, Japan– Officers and Chiefs from the Directorate of Clinical Support Services at U.S. Naval Hospital, Yokosuka, Japan attend the Joint 2017 Officer and Chief Dinning In. Pictured L to R: Senior Chief, Gary Vivit, DCSS SEL; LCDR Linh Quach, Pharmacist; LT Danielle Rakich, Pharmacist; CDR Maris Barefield, DCSS/Occupational Therapist; LCDR Trevor Kuttler, Pathologist, and Chief Sara Stack, LCPO.

## MSCs Around the Globe



Okinawa, Japan—LCDR Philip M. Sherrick Jr., Occupational Therapist, educates Physical and Occupational Therapy University students in Okinawa in the areas of American Culture, Navy Traditions, and Occupational Therapy Practice on February 16, 2017 as part of community relationship building.



Okinawa, Japan—Pictured are LT Ashley Bossier (left) and LCDR Philip M. Sherrick Jr., Occupational Therapists at U.S. Naval Hospital Okinawa.

## MSCs Around the Globe



Okinawa, Japan- LT Tya Rowe (bottom left), Dietitian, conducts a series of Commissary Tours during National Nutrition Month, March 2017. LT Rowe and Mrs Lydia Dahl, Dietitian, presented the following links on health eating ( <https://www.youtube.com/watch?v=gG7XveSKBPw>, <https://www.youtube.com/watch?v=mqoddqQe-rk>, <https://www.youtube.com/watch?v=0geQGL-9UUo>, <https://www.youtube.com/watch?v=h1fc9BYaAtY>).

# U.S. Navy Medical Service Corps

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The Medical Service Corps supports Navy Medicine's readiness and health benefits mission. It is the most diverse Officer Corps in Navy Medicine with 31 specialties organized under three major categories:

Healthcare Administrators, Clinical Care Specialties, and Healthcare Scientists. There are over 3,000 active and reserve MSC officers that serve at Military Treatment Facilities, on ships, with the Fleet Marine Force, with Seabee and special warfare units, in research centers and laboratories, in a myriad of staff positions with the Navy and Marine Corps, and with our sister services around the world.

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